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APPLICANTS  
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\*\* CONTINUING DATA ..... *MF (NONE)*

\*\* FOREIGN APPLICATIONS ..... *MF (NONE)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>[Signature]</i> Examiner's Signature <i>MF</i> Initials	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
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 25315  
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TITLE  
 Cleaning and sanitizing system

FILING FEE  RECEIVED 1027	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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